U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official gaety my					
READ THE INSTRUCTIONS CAREFUL	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
E HO DROW					
1. File Number U - 7/13	2. Fiscal Year Covered From:				
	7/1/89 Through: 12/31/09				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name ROBER C BUIRGE	Name BrickLayer: #1/N. N.D.				
, ·	Labor Organization File Number 536/6/				
P.O. Box, Bldg., Room No., if any Suite 328	P.O. Box, Building and Room Number, if any Saite 32で				
Street 3/2 Central Ave	Street 312 Central Ace.				
City MPCS	city MPCS				
State	State MN, ZIP Code + 4 55 414				
5. Position in labor organization. Use President					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name Wove	Secretarion Control Co				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City					
State ZIP Code + 4					
Signature Signature Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
D DR.					
Signed (Class (J. V/C) Class	on 8-2-05 612-379-2966				

Name of Person Filing Roger C. Buirge		File Number U -			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Zea= th AdmistR4 tels Trade Name, if any: P.O. Box, Bldg., Room No., if any Saite 325 Street 2520 Pilot Roo Rol. City Mendota Hights State M. ZIP Code + 4 55 120	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name BAC MW + ND Herth well Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 325 Street 25 20 Pilot Knob Rol City Menadota Hights State MN ZIP Code + 4 55/20	11.a. Nature of such dealing. TRUST FUND Meetings 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Reim bussed wages				
	12.b. Amount.		813,40		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	tiva kila tilandan nyog a kanisan tao toja madamaja kida dalahi vesila kila sapana a masa n			
Name	THE COLUMN TO TH		***************************************		
Trade Name, if any:	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		***************************************		
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City			TOTALISMENT		
State ZIP Code + 4	14 h Amount of a	OWN ACT FOR CONTROL OF ACCOUNTS OF THE ACCOUNT			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filling Roger C. Buinge	File Number U -			
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	12.b. Amount.	100 00		
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Trade Name, if any:	Some retransmissions.	979000000000000000000000000000000000000		
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City	CONTRACTOR OF THE CONTRACTOR O	TERROTECTOR		
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			